The study was naturalistic and thus the aim was to investigate the impact of remission in clinical practice, without any pre-specified protocol for the GPs to follow. Cox regression analysis was employed to analyse what factors influence the time to achieve remission. **RESULTS:** Fifty-two percent of the patients achieved remission during the study period. During a period of six months, remitting patients have on average three outpatient care visits less than non-remitting patients ($p = 0.0001$), and substantially less sick-leave days: 22 days per year ($p = 0.0106$). Remitting patients have a significantly lower total cost ($3,400 during 6 months) compared with non-remitting patients ($p = 0.0001$). Moreover, the average EQ-5D index score was 0.24 higher in remitting patients ($p = 0.0001$). Severely depressed patients have 60% lower chance of achieving remission quickly than milder cases of depression ($p = 0.002$). **CONCLUSIONS:** Remission has a substantial health economic impact and we have shown both statistically significant reductions in cost as well as improved quality-of-life. Our results argue for the importance of aiming for full remission in the antidepressive treatment of depression, and hence indicating that antidepressants that rapidly lead to full remission may be cost-effective.

PMH48

MEASUREMENT OF UTILITY LOSSES IN DEPRESSION

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OBJECTIVE: To identify utility weights for use in cost-utility analyses of antidepressants. **METHODS:** Systematic search of MEDLINE using search terms for depression and utility/preference weights. Utility weights by depression severity and changes in utility by response to treatment were abstracted. Methods used to derive utilities were cross-tabulated with the values obtained. **RESULTS:** Six published studies were reviewed. Three studies obtained utility weights using the standard gamble (SG) method, one study used the SG and time trade-off (TTO) methods, one study used the EQ5D TTO weights, and one study used the quality of well being (QWB) scale weights. One of the SG studies compared utility for those with and without depression over a 10-year time horizon (0.942 (standard deviation (SD) 0.159) versus 0.963 (SD 0.144)). The other three SG studies compared utility for different depression severity and, depending on the whether the SG lottery was presented for temporary or lifetime health states, estimated utilities for severe depression were between 0.09 (SD 0.02) and 0.813 (SD 0.209) and for mild depression were between 0.59 (SD 0.02) and 0.871 (SD 0.184). Three of the six reviewed studies compared the gain in utility for those who responded to treatment to those who did not. The gain in utility for responders compared to non-responders in these studies was: 0.053 at 1 year using the SG lifetime method; 0.180 at 4 months using the QWB weights; and 0.220 at 2 months using the EQ5D TTO weights. **CONCLUSIONS:** Published estimates of utility weights for people with depression and of the gains in utility in people recovering from depression vary considerably depending on the method of assessment. We recommend that utility gains for antidepressant treatments be estimated using SG for temporary health states along with sensitivity analyses using alternative methods of utility assessment.

NEUROLOGICAL DISORDERS—Clinical Outcomes Studies

PNL1

CLINICAL EFFECTIVENESS AND HEALTH OUTCOMES OF DISEASE MODIFYING TREATMENT (DMT) THAT DELAYS DISABILITY PROGRESSION IN RELAPSING/REMITTING-ONSET MULTIPLE SCLEROSIS: NOVA SCOTIA "REAL WORLD" EVIDENCE

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OBJECTIVES: Estimate clinical effectiveness and health outcomes of short-term DMT that delays disability progression in relapsing/remitting-onset definite MS (RR-onset MS). Nova Scotia (NS) natural history data (1979–March 2004) and MS Special Therapies Program (STP) data (July 1998–March 2004) are analyzed. The STP provides universal full-cost coverage of Avonex®, Betaseron®, Copaxone®, Rebif6® and Rebif12® for RR-onset MS, as insurer of last-resort. **METHODS:** Extended Disability Status Scale (EDSS) natural history (NH) increase per year, increase avoided per DMT-year, and DMT effect size relative to NH are estimated using well-validated data (9,238 clinic visits by 1435 persons with RR-onset MS) from the Dalhousie MS Research Unit (DMSRU) clinic. Models estimate EDSS paths from years-since-onset (yso) given "conventional care" or DMT. NH data is from never-DMT-plus-ever-DMT persons or ever-DMT persons. Analysis is stratified by "final" class [relapsing/remitting (RRMS) or secondary progressive (SPMS)] and six severity-yso data-cells (EDSS <= 0.5, 4 <= DSS <= 0.5; yso <= 0, yso <= 0, yso <= 0. Health outcomes (HO), measured as EDSS-Disability-Adjusted-Life-Years (DALYs) avoided or Health Utility Index Mark III (HUI3)-Quality-Adjusted-Life-Years (QALYs) gained, are estimated for DMT-treatment and post-treatment periods. **RESULTS:** Estimates of annual EDSS NH increase are much smaller for RRMS than SPMS subgroups, larger for "ever-treated" than "never-treated" subgroups, and increase with years-since-onset. Estimates of EDSS increase avoided per DMT-year vary by "final" class, NH controls, severity-yso data-cells and DMT-duration. Effect size relative to NH is larger in earlier years-since-onset when disability is "mild", than in later years when disability is "moderate" and more patients are SPMS. Health outcomes in DMT-periods and post-DMT-periods increase rapidly with DMT-duration. QALY estimates > DALY estimates. **CONCLUSIONS:** Short-term DMT delays disability progression in RR-onset MS. "Real world" DMT effectiveness estimates complement clinical trial efficacy estimates. Both contribute to models of long-term DMT effectiveness, health outcomes, costs and cost-effectiveness, which inform debates on DMT practice guidelines, treatment eligibility criteria and funding.

PNL2

RESTLESS LEGS SYNDROME: IDENTIFICATION OF TREATED PATIENTS IN A LARGE CLAIMS DATABASE

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OBJECTIVES: Treatment may help decrease the symptoms of restless legs syndrome (RLS), but it is unclear how many people with RLS receive medical care. This study sought to determine